

County: Marathon
KENNEDY PARK MEDICAL & REHAB
6001 ALDERSON STREET

Facility ID: 3380

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SCHOFIELD 54476 Phone: (715) 359-4257

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 137

Total Licensed Bed Capacity (12/31/00): 163

Number of Residents on 12/31/00: 125

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Average Daily Census: 121

Corporation

Skilled

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
-----	-----	-----	-----	-----	-----	-----	-----	-----
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		40.8
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		45.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.8	Under 65	5.6	More Than 4 Years		13.6
Day Services	No	Mental Illness (Org./Psy)	46.4	65 - 74	6.4			-----
Respite Care	Yes	Mental Illness (Other)	0.8	75 - 84	32.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	4.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.4		100.0	(12/31/00)		
Other Meals	No	Cardiovascular	8.0	65 & Over	94.4	-----		
Transportation	No	Cerebrovascular	6.4	-----	-----	RNs		7.3
Referral Service	No	Diabetes	4.0	Sex	%	LPNs		5.0
Other Services	Yes	Respiratory	2.4	-----	-----	Nursing Assistants		
Provide Day Programming for		Other Medical Conditions	24.8	Male	25.6	Aides & Orderlies		33.5
Mentally Ill	No		-----	Female	74.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care				Percent Of All Residents
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	Total	
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	16	100.0	\$261.12	88	98.9	\$99.51	0	0.0	\$0.00	19	100.0	\$159.00	1	100.0	\$300.00	124	99.2%
Intermediate	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	1	1.1	\$99.51	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	0.8%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	16	100.0		89	100.0		0	0.0		19	100.0		1	100.0		125	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing Assistance of	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	% Independent	One Or Two Staff		
Private Home/No Home Health	8.1	Daily Living (ADL)				
Private Home/With Home Health	0.0	Bathing	0.8	70.4	28.8	125
Other Nursing Homes	0.6	Dressing	15.2	60.0	24.8	125
Acute Care Hospitals	88.8	Transferring	37.6	35.2	27.2	125
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	36.0	44.0	20.0	125
Rehabilitation Hospitals	0.0	Eating	68.8	20.0	11.2	125
Other Locations	2.5	*****				
Total Number of Admissions	160	Continence	% Special Treatments			%
Percent Discharges To:		Indwelling Or External Catheter	4.0	Receiving Respiratory Care		4.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	43.2	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	27.6	Occ/Freq. Incontinent of Bowel	24.8	Receiving Suctioning		0.0
Other Nursing Homes	0.0			Receiving Ostomy Care		1.6
Acute Care Hospitals	36.5	Mobility		Receiving Tube Feeding		0.8
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	2.4	Receiving Mechanically Altered Diets		24.8
Rehabilitation Hospitals	0.0					
Other Locations	11.5	Skin Care		Other Resident Characteristics		
Deaths	24.4	With Pressure Sores	4.8	Have Advance Directives		64.0
Total Number of Discharges		With Rashes	5.6	Medications		
(Including Deaths)	156			Receiving Psychoactive Drugs		8.8

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	Proprietary			100- 199		Skilled		Facilities	
	This Facility	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	74.2	82.5	0.90	83.6	0.89	84.1	0.88	84.5	0.88
Current Residents from In-County	87.2	83.3	1.05	86.1	1.01	83.5	1.04	77.5	1.13
Admissions from In-County, Still Residing	27.5	19.9	1.38	22.5	1.22	22.9	1.20	21.5	1.28
Admissions/Average Daily Census	132.2	170.1	0.78	144.6	0.91	134.3	0.98	124.3	1.06
Discharges/Average Daily Census	128.9	170.7	0.76	146.1	0.88	135.6	0.95	126.1	1.02
Discharges To Private Residence/Average Daily Census	35.5	70.8	0.50	56.1	0.63	53.6	0.66	49.9	0.71
Residents Receiving Skilled Care	99.2	91.2	1.09	91.5	1.08	90.1	1.10	83.3	1.19
Residents Aged 65 and Older	94.4	93.7	1.01	92.9	1.02	92.7	1.02	87.7	1.08
Title 19 (Medicaid) Funded Residents	71.2	62.6	1.14	63.9	1.11	63.5	1.12	69.0	1.03
Private Pay Funded Residents	15.2	24.4	0.62	24.5	0.62	27.0	0.56	22.6	0.67
Developmentally Disabled Residents	0.8	0.8	1.04	0.8	0.97	1.3	0.64	7.6	0.10
Mentally Ill Residents	47.2	30.6	1.54	36.0	1.31	37.3	1.27	33.3	1.42
General Medical Service Residents	24.8	19.9	1.25	21.1	1.18	19.2	1.29	18.4	1.35
Impaired ADL (Mean)	45.6	48.6	0.94	50.5	0.90	49.7	0.92	49.4	0.92
Psychological Problems	8.8	47.2	0.19	49.4	0.18	50.7	0.17	50.1	0.18
Nursing Care Required (Mean)	5.2	6.2	0.84	6.2	0.84	6.4	0.81	7.2	0.73